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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))</i> | | Docket Number (Optional) QFIX-3 |
| Application Number | 10/633,231 | Filed 2 August 2003 |
| For Indexing Positioning System For Accurate and Repetitive Positioning of Patients in a Multimodal Environment | | |
| Art Unit | 3637 | Examiner M. Safavi |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$490 | \$245 |
| <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1110 | \$555 |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1730 | \$865 |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2350 | \$1175 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card via EFS Web. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet. | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 | | |
| I am the <input type="checkbox"/> applicant / inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,718</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | |
| _____ /Brian A. Gomez/ Signature | | _____ 4 August 2009 Date |
| _____ Brian A. Gomez Typed or printed Name | | _____ (305) 647-7846 Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input checked="" type="checkbox"/> Total of <u>One</u> forms are submitted. | | |